

PATENT APPLICATION SERIAL NO. **10/533940**

**Rec'd PCT/PTO 04 MAY 2005**

**U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET**

05/11/2005 SNAJARRO 00000126 10533940

01 FC:1631	300.00 OP
02 FC:1633	200.00 OP
<del>03 FC:1632</del>	<del>500.00 OP</del>
04 FC:1615	950.00 OP
05 FC:1614	200.00 OP

10/03/2006 SRASHEIR 00000006 141140 10533940  
Sale Ref: 00000000 DAK: 141140 10533940  
02 FC:1463 70.00 DA 130.00 OP

10/21/2005 BCAMPBEL 00000006 10533940

01 FC:1642 400.00 OP

Adjustment date: 10/21/2005 BCAMPBEL  
05/11/2005 SNAJARRO 00000126 10533940  
03 FC:1632 -500.00 OP

**PTO-1556  
(5/87)**

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/20/05</u>		2 Serial/Patent # <u>10/533,940</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time	<u>10/21/2005</u>	<u>0038026350</u>	\$						
	Notice of Appeal/Appeal	Credit Card Refund Total:		\$ \$100.00						
	Petition	<u>Am Exp. : XXXXXXXXXXXX2021</u>		\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>					--			
		--								
<input type="checkbox"/> No Fee Due (Explanation):										
<u>CC Refund</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____								
SIGNATURE: <u>[Signature]</u>		PHONE: _____								
OFFICE: <u>PCT/DO/EO</u>		Adjustment date: 10/21/2005 BCAMPBEL								
THIS SPACE RESERVED FOR FINANCE USE ONLY:		03 FC:1632 -500.00 OP								
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B